Cal Poly San Luis Obispo Travel Expense Claim Form

Please submit completed Travel Pre-Authorization Form 1A with Travel Claim

Claimant's Na	ame		Residence Address (Non Employees Only)					City				State Zip Code		Code
EmpID (not	SS#)		Department						Telephone #	Vehicle License #		Mileage Rate Clair	med	
											0.560			
Travel Destin	ation (city & state,	or city & country)	Purpose of Trip						•	-		•		
		1								I	r			1
Departure and Arrival			Domestic Travel Meals Costs			Domestic Travel Incidental				Private			e Car Use	
Date	Time	City and State or City and Country where expenses were incurred	В	L	D	Expenses	Foreign Travel Meals & Incidental Rate	Meals and Incidentals Total	Lodging Cost	Airfare Cost	Miles	Amount	Misc. Travel Expense	Total Expenses
								0.00			ĺ	0.00		0.00
								0.00				0.00	-	0.00
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			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STATE (CPS	SU)			Fund	DeptID	Account	Program	Class	Project	Amount				
	ŕ										l	CPSU A	Advance Received	
											i i			-
CAL POLV	COPPOPATION	(CPC) AND OR		Org Key	Object Code		Amount						CPSU Total	
CAL POLY CORPORATION (CPC) AND OR FOUNDATION (CPF)												Less CPC and	l or CPF Advance	
												CPC	and or CPF Total	
TRAVEL EXPENSES PAID ON YOUR BEHALF (Direct Billed) (You are not claiming these expenses for reimbursement. They have been paid via El				Challete Day	Coult at a b								Airfare Costs	
(you are not	claiming these exp	benses for reimbursement. They have been	paid via Enterpr	ise, Giselle's, Pro	Card, etc.)							Bor	Conference Fees Ital Car Expenses	
												Kei	Other Expenses	
												Subtotal of Direct	-	\$0.00
													TOTAL OF TRIP	\$0.00
														•
I hereby certi minimum rate	fy that the above is e. I certify that the c	a true statement of the travel expenses incurre ost of operating the vehicle was equal to or g	ed by me in accord reater than the rate	dance with applica e claimed, and that	ble California Sta I have met the re	te University procedures and t equirements as prescribed by S.	hat all items shown wer AM Sections 0750, 075	e for the official bus 2. 0753 and 0754 pe	siness of The Califor ertaining to vehicle s	rnia State University safety and seat belt u	If a privately own sage.	ed vehicle was used	l, and if mileage rat	tes exceed the
	SIGNATURE		DATE			OF OFFICER APPROVING		-	-	classification of MI	-	ept. Chair. or	DATE	
								Confidential)				• /		
								connuclium)						
PRINT NAM	1E				DDINTNAM	AND TITLE FOR APPROV								

 Rates for Lodging, Meals and Incidental Expenses vary depending on whether you are traveling in the U.S. or internationally

 Rates for U.S. travel: See grid on the "Rates" tab
 Rates for international travel:
 http://doprals.state.gov/web920/per_diem.asp

Revised 04/01/2014